



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 6, 2006

Corinne Schneider, Administrator
Riverview Assisted Living Center
679 Troy Avenue
Idaho Falls, ID 83402

FILE COPY

License #: RC-637

Dear Ms. Schneider:

On August 24, 2006, a life safety code survey was conducted at Riverview Assisted Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Mark Grimes, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

MG/slc



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September 7, 2006

Corinne Schneider, Administrator
Riverview Assisted Living Center
679 Troy Avenue
Idaho Falls, ID 83402

Dear Ms. Schneider:

On August 24, 2006, a survey was conducted at Riverview Assisted Living Center. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 23, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R637	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2006
NAME OF PROVIDER OR SUPPLIER RIVERVIEW ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 679 TROY AVENUE IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 24, 2006. The surveyors conducting the survey was:</p> <p>Mark P. Grimes Team Leader Health Facility Surveyor</p> <p>Eric Mundell Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LATENT DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Signature FORM

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88VV21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Riverview Assisted Living</i>	Physical Address <i>679 TROY</i>	Phone Number <i>681-4663</i> <i>208 528-6851</i>
Administrator <i>CORINNE SCHNEIDER</i>	City <i>Idaho Falls</i>	ZIP Code <i>83402</i>
Survey Team Leader <i>MARK GRIMES</i>	Survey Type <i>FLS</i>	Survey Date <i>8-24-06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	IDAPA		
①	16.03.22.250.07	Additional HANDRAIL REQUIRED ON ENTRANCE STEPS 28 CFR 36.304-305	10/4/06 <i>en</i>
②	16.03.22.403.01	OFFICE CEILING HOLE IN SHEETROCK - VERTICAL SEPARATION NEEDS TO BE REPAIRED. NFPA 101	10/11/06 <i>en</i>
③	16.03.22.405.03	TRANSFILLING OF LIQUID OXYGEN INSIDE BUILDING IS PROHIBITED USE OF LIQUID OXYGEN FOR SUPPLY ONLY IS ALLOWED. USE "E" CYLINDER for mobile supply NO TRANSFILLING NO LONGER AN ISSUE-MPG	
④	16.03.22.750.03	FUEL FIRED FIREPLACE - INSPECTION ANNUALLY OR PROOF/CERTIFICATE OF NON FUNCTIONAL OR DECORATIVE USE ONLY.	9/7/06 <i>en</i>

Response Required Date

9/24/06

Signature of Facility Representative

Corinne Schneider